

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN4972PRI</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/26/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEVADA STATE PRISON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3301 E 5TH STREET CARSON CITY, NV 89701</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  This Statement of Deficiencies was generated as a result of survey conducted at your facility on 6/26/07 in accordance with the Nevada Revised Statutes (NRS) 209.382(1). NRS 209.382 State Health Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities. 1. The State Health Officer shall periodically examine and shall report to the Board semiannually upon the following operations of the Department: (a) The medical and dental services and places where they are provided, based upon the standards for medical facilities as provided in chapter 449 of NRS. (b) The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity. (c) The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	S 000		
S 181	NAC 449.3385 Dietary Personnel  2. The dietary service must be under the direction of a registered dietitian or other professional person who; (a) Is qualified in the field of institutional management, nutritional sciences or hotel restaurant management; (b) Has completed an academic program in	S 181		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN4972PRI</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/26/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEVADA STATE PRISON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3301 E 5TH STREET CARSON CITY, NV 89701</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 181	<p>Continued From page 1</p> <p>culinary arts; or (c) Is certified as a dietary manager by the Dietary Managers Association and has additional work experience with medical and therapeutic diets.</p> <p>3. The director of the dietary service may be employed on a full-time or part-time basis, or as a consultant.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 6/26/07, it was determined the facility did not ensure the culinary department was under the direction of a registered dietician.</p> <p>Findings include:</p> <p>During a tour of the culinary department, the manager provided the surveyors with a letter dated 4/3/07 from their dietician. The letter indicated the menus offered by the culinary department had been analyzed and reviewed for nutritional adequacy.</p> <p>During a telephone interview with the dietician who wrote the 4/3/07 letter, it was revealed the dietician was only contracted to review menus. The dietician reported she had never been to the culinary department for an inspection of safe and sanitary food handling practices or to provide training for the culinary staff.</p> <p>Review of the last inspection performed by the Bureau of Health Protection Services (BHPS) on 3/6/07 revealed the culinary department had two deficiencies regarding the area used for washing storage racks and backflow prevention devices.</p>	S 181		
S 219	NAC 449.340 Pharmaceutical Services	S 219		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN4972PRI</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/26/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEVADA STATE PRISON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3301 E 5TH STREET CARSON CITY, NV 89701</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 219	<p>Continued From page 2</p> <p>5. Drugs and biologicals must be controlled and distributed in a manner which is consistent with applicable state and federal laws.</p> <p>This Regulation is not met as evidenced by: Based on observation, record review and interviews from 6/26/07 to 7/13/07, it was determined the facility did not ensure that drugs and biologicals were controlled and distributed in a manner which was consistent with applicable state and federal laws.</p> <p>Findings include:</p> <p>Item #1 Examination of the medication refrigerator at approximately 10:45AM found the temperature of the refrigerator to be 55 degrees Farenheit. This value was highlighted on the thermometer as too warm. The daily log had recorded the temperature earlier in the day to be 36 degrees Farenheit.</p> <p>Item #2 A vial of proparacaine hydrochloride ophthalmic solution was expired. Date of expiration was 9/19/06.</p> <p>A policy titled, "Returning Medication to Pharmacy" indicated that medications would be inspected for expiration dates on a bi-monthly, or as needed basis, and removed from the medication rooms by the Director of Nurses (DON) or designee.</p> <p>Item #3 Five vials of insulin prescribed to five different inmates were found to be open, but not dated to indicate the date the vials were opened. The DON was interviewed about the time frame for retaining open vials. The DON reported the</p>	S 219			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN4972PRI</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/26/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEVADA STATE PRISON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3301 E 5TH STREET CARSON CITY, NV 89701</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 219	Continued From page 3  policy indicated the bottles should be retained for 30 days.  During an interview with nursing staff, a nurse stated that the consulting pharmacy services came once a quarter to review policy and formulary input and to check for expired and unlabeled medications.  A policy titled, "Medication Administration" indicated that all multiple dose vitals will be dated with the date they were opened.  A policy titled, "Discarding of Medication" indicated that opened multiple dose medication vials will be discarded 30 days from the date opened.	S 219		
S 231	NAC 449.343 Medication Orders  2. When a telephone or verbal order is used to order medications or biologicals, the order must be: (a) Accepted only by a person who is authorized by the policies and procedures of the medical staff, which must be consistent with state law, to accept such an order; and (b) Signed or initialed by the prescribing practitioner in accordance with hospital policy. This Regulation is not met as evidenced by: Based on record review on 6/26/07, it was determined that nursing staff did not follow policy regarding accepting physician orders for 1 of 10 inmates.  Findings include:  Review of physician orders revealed that two orders dated 2/12/06 and 4/12/06 for Inmate #9 were not noted. It is unknown if the individual	S 231		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN4972PRI</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/26/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEVADA STATE PRISON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3301 E 5TH STREET CARSON CITY, NV 89701</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 231	Continued From page 4  who accepted the orders was authorized to do so.  The policy titled, "Provider Telephone, Verbal, and Renewal Orders, indicated that when accepting physician orders medication, nursing staff were to date, time and countersign the order.	S 231		
S 239	NAC 449.344 Administration of Medication  2. Security of all medications must be maintained in accordance with applicable state law. This Regulation is not met as evidenced by: Based on observation on 6/26/07, it was determined the facility did not secure medications.  Findings include:  During a tour of the medical unit at 11:00AM, the medication room was not locked.	S 239		
S 339	NAC 449.363 Personnel Policies  4. The hospital shall have evidence of a current license or certification on file at the hospital for each person employed by the hospital, or under contract with the hospital, who is required to be licensed or certified by law to perform his job. This Regulation is not met as evidenced by: Based on record review and interview on 6/26/07, it was determined the facility did not ensure that 1 of 9 nursing staff had evidence of current cardiopulmonary resuscitation (CPR) training.  Findings include:  During a record review of the nursing staff, it was discovered that Employee #6, a registered nurse,	S 339		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN4972PRI</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/26/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEVADA STATE PRISON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3301 E 5TH STREET CARSON CITY, NV 89701</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 339	Continued From page 5  had an expired cardiopulmonary resuscitation card dated 6/07.  Interview with the director of nursing (DON) revealed she did not know if Employee #6 had taken a CPR class recently or was scheduled for a class.  A policy and procedure titled, " Emergency Medical Response Procedure " indicated that all medical division staff should maintain current certification in Basic Life Support (BLS).	S 339		
S 340	NAC 449.363 Personnel Policies  5. The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with chapter 441A of NAC. This Regulation is not met as evidenced by: Based on record review, observation and interviews on 6/26/07, it was determined the facility did not ensure that 9 of 9 medical staff were in compliance with NAC 441A.  Findings include:  The medical files for nine medical staff were reviewed in the personnel office. All nine medical files were incomplete for documentation of tuberculosis testing and surveillance. The files were either missing evidence of second-step tuberculosis skin tests or annual skin tests. One individual who had tested positive for tuberculosis in the past did not have a copy of a negative chest x-ray report required of those that test positive for tuberculosis according to NAC 441A.  The Disease Control Coordinator was interviewed	S 340		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN4972PRI</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/26/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEVADA STATE PRISON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3301 E 5TH STREET CARSON CITY, NV 89701</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 340	<p>Continued From page 6</p> <p>about the missing tuberculosis documentation. The Disease Control Coordinator reported the personnel office was responsible for filing all tuberculosis testing slips in employee medical files, not the medical staff or his office. The Disease Control Coordinator stated his office had no authority to force the personnel office to file the test slips. The Disease Control Coordinator showed the surveyor a box of tuberculosis test slips that had not been filed. The box appeared to contain hundreds of tuberculosis slips.</p> <p>In an Infection Control/OSHA Meeting dated 1/17/07, it was revealed the correctional center would perform " one " tuberculosis skin test per employee. No mention was made about evaluating whether medical staff needed two-step tuberculosis skin tests or that the correctional center would offer two-step tuberculosis skin tests.</p>	S 340			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.